

**REPORT TO THE AUDIT COMMITTEE****16 April 2010****TITLE: HEALTH AND WELLBEING PARTNERSHIP BOARD  
RISK REGISTER****OFFICER PRESENTING REPORT:**

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**KEY POINTS TO NOTE**

- The Health and Wellbeing Partnership Board was set up in its current form in January 2009. As a result of the standing down of the Joint Commissioning Board (JCB), the Health and Wellbeing Partnership Board is now taking on the strategic commissioning role formerly carried out by the JCB. This means that in future the HWPB will be responsible for shaping the commissioning of adult care and public health. A workshop, facilitated by the IdeA, was held in January 2010 to look at the change in responsibilities.
- As a result, the partnership agreement is about to be rewritten and a new work programme is being devised.
- Correspondingly, the Board's performance management arrangements will need to be revised from a current focus solely on LAA targets to a broader remit. A summary of performance against LAA targets is appended.
- The Executive Sub Group will be tasked with overseeing the governance arrangements on behalf of the HWPB. The Executive Sub Group is composed of the Chair of the Board and the two strategic directors responsible for adult care and public health.
- The risk register attached here is based on existing responsibilities. Board members agreed that the key risks initially identified were relevant and appropriate to the Board at its current stage of development. However, as a result of changes to Bristol Partnership as a whole, as well as to this Board in particular, the risk register will need to be expanded to address the revised remit and joint outcomes.
- Risk registers of other Partnership Executive Boards, and also that of the Bristol Partnership Board, will be considered in order to help inform the production of the next version.
- The Executive Sub Group will address these issues at its next meeting in April. Once a new risk register has been developed, it will be regularly reviewed at future Board meetings. The Audit Committee may wish to see the revised version which is likely to be ready in the Autumn.



# Bristol City Council

## Health and Wellbeing Partnership Board Risk Register

**VERSION NO. 1**

Version	Reviewed By:	Review Date
1	Performance Management Sub Committee	March 2010
2		
3		
4		
5		

## KEY RISK SUMMARY

Rank No.	Risk No.	Risk/Hazard	Inherent Risk (Impact / Probability) (Red/Yellow/Green)	Current Mitigation Evaluation	Residual Risk (Impact/Probability) (Red/Yellow/Green)		
					Previously Reported Residual Risk	Current Residual Risk November 2009	Direction of Travel
1	1	Failure to add value by engaging/working with other partnerships  <b>Risk owner:</b> Hugh Annett, Director Public Health	<b>H/H</b>	<ul style="list-style-type: none"> <li>● Chair attends Bristol Partnership meetings and provides feedback to Board.</li> <li>● Wide range of organisations represented on board which provides opportunity for contact with other partnerships.</li> <li>● There are several projects/task groups set up by HWPB to which members of other boards have been invited. Examples include, Healthy Cities Group.</li> <li>● HWPB refers issues to other boards and is initiating joint projects with other boards.</li> </ul>	<b>N/A</b>	<b>M/M</b>	<b>New risk</b>
2	2	Failure to promote equalities and community cohesion  <b>Risk owner:</b> Hugh Annett, Director Public Health	<b>H/H</b>	<ul style="list-style-type: none"> <li>● Health and wealth inequalities is now a workstream for the City Strategy</li> <li>● Equalities partnership is represented on the HWPB.</li> <li>● Health inequalities is one of HWPB's major priorities.</li> </ul>	<b>N/A</b>	<b>M/M</b>	<b>New risk</b>
3	3	Failure to deliver LAA targets [SEE NOTE 1 BELOW]  <b>Risk owner:</b> Hugh Annett, Director Public Health	<b>H/M</b>	<ul style="list-style-type: none"> <li>● Robust monitoring of LAA targets by responsible organisations, all of whom are represented on HWPB.</li> <li>● Performance management is a standing agenda item at every meeting of HWPB</li> <li>● Performance management sub group of HWPB is reviewing its role to see if it can be expanded beyond the LAA</li> </ul>	<b>N/A</b>	<b>M/M</b>	<b>New risk</b>
4	5	Roles and responsibilities of HWPB not clearly defined, understood and/or	<b>H/M</b>	<ul style="list-style-type: none"> <li>● Partnership agreement identifies roles and responsibilities and is currently under review.</li> </ul>	<b>N/A</b>	<b>M/M</b>	<b>New risk</b>

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					Previously Reported Residual Risk	Current Residual Risk November 2009	Direction of Travel
		communicated.  <b>Risk owner:</b> Hugh Annett, Director Public Health		<ul style="list-style-type: none"> <li>Function of HWPB changing in 2010 and will need to be reviewed in 2011.</li> <li>Information about what HWPB does to be available on the BP website and linked to other relevant sources of information.</li> <li>Communication Strategy being developed by Bristol Partnership to which HWPB will contribute.</li> </ul>			
5	4	Support to the HWPB is inadequate.  <b>Risk owner:</b> Hugh Annett, Director Public Health	<b>H/M</b>	<ul style="list-style-type: none"> <li>Support to the Board is provided by the Deputy Chief Executive's Department.</li> <li>An Executive Sub Group, made up of the Chair (Care Forum), Director of Public Health, Strategic Director of Health and Social Care, meets between board meetings to plan agendas and follow up actions from previous meetings.</li> </ul>	<b>N/A</b>	<b>M/L</b>	<b>New risk</b>
6	6	Failure to manage negative impacts of recession.  <b>Risk owner:</b> Hugh Annett, Director Public Health	<b>H/M</b>	<ul style="list-style-type: none"> <li>Mitigating the stressful effects of recession are part of the Positive Mental Health Strategy</li> </ul>	<b>N/A</b>	<b>M/L</b>	<b>New risk</b>

Note 1.

re Risk 3: Failure to meet LAA 1 targets.

As at March 2010 (end of Quarter 3), 4 (out of 7) LAA1 targets are on or above target. 3 are below or anticipated as possibly being below by their expiry. These are KL128, 31 and KL266 all of which are expected to achieve around 90%. In reward terms, this means that the reward grant will be reduced.

LAA2 targets do not expire until March 2011. As at March 2010, none of these are expected to underachieve.

Performance Indicator

**1 LAA 1 - Ending 31/03/2010**

- KL128 Households receiving intensive home care (>10 hrs & 6 >= visits a week)
- KL129 Households receiving home care (> 5 hrs & up to 10 hrs a week)
- KL130 % of clients receiving an individual budget or a direct payment during the year
- KL131 No. of people aged over 55 who completed a structured self care programme
- KL262 No. of emergency bed days (over 2 day stays) occupied by people aged 75+
- KL266 Percentage of mothers initiating breastfeeding
- KL267 Breastfeeding continuation rates at 6 - 8 weeks

**2 LAA 2 - Ending 31/03/2011**

- NI130 Self Directed Support
- NI134 Number of emergency bed days per head of weighted population
- NI135 Carers receiving a specific carer's service, or advice and information
- NI136 People supported to live independently through social services
- NI141 Percentage of vulnerable people achieving independent living
- NI145 Adults with learning disabilities in settled accommodation